



## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

October 8, 1991

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 91-86

SUBJECT: MEDS BUY-IN AND BENDEX INQB SCREEN MEDICARE PART A SEGMENT

REFERENCE: ACWDL 89-116, 90-02, 91-02, 91-09, 91-62, 91-70

This is to provide updated information on the MEDS Buy-In and BENDEX Inquiry (INQB) screen.

In July 1991, a new Medicare Part A segment was added to this screen to assist county staff in determining the Part A status of Qualified Medicare Beneficiaries (QMBs). The INQB screen was originally implemented in February 1990 to provide Part B Buy-In and BENDEX Title II information to county staff for Medi-Cal and/or QMB eligibles. The INQB screen now displays Part A, Part B, Title II and premium payor information on MEDS.

To view the INQB screen, select Inquiry Option "B" from the MEDS Recipient Inquiry Request Menu. Enclosed are the INQB screen format and definitions for the four (4) fields of the new Medicare Part A information segment. For definitions of the seven (7) fields of the Medicare Part B Buy-In Information segment and fifteen (15) fields of the BENDEX Title II segment, refer to ACWDL 91-02.

The Health Insurance Claim Number (HIC-NO) and HIC-Source fields found in the Part B Information segment are the same for Part A; therefore, the information was not duplicated. In addition, a Buy-In Eligibility Code will not be found in the Part A segment because the Part A system does not use Eligibility Codes.

County staff may view the information listed but will not be able to input or change information on the INQB screen. When incorrect information is discovered in any of the screen's fields, attach a printout of the INQB screen to a State Buy-In Problem Report (DHS 6166), enter the nature of the error and the correct information in the "Remarks" section of the form and send to the Medicare Premium Payment Unit at:

State of California  
Department of Health Services  
Medicare Premium Payment Unit  
P. O. Box 1287  
Sacramento, CA 95812-1287

All County Welfare Directors  
All County Administrative Officers  
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Page 2

Please refer any questions regarding the Medicare Part A Information Segment of the INQB screen to Jo Monday at (916) 739-3206. For general MEDS questions, contact your State MEDS liaisons.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

INQB Screen Definitions  
Page 2

- |    |                                   |   |
|----|-----------------------------------|---|
| g) | Under investigation<br>3150, 3160 | QMB Part A Accretion/<br>Deletion is under<br>investigation. Expect a<br>response from HCFA<br>within one month from<br>current date. |
| h) | DOME<br>2200                      | Indicates Prospective<br>Medicare Entitlement<br>(For date of entitlement)<br>see number 2 below)                                     |
| i) | Blank                             | Indicates no Current<br>Buy-In Activity   |
- 
2. DOME-DT (Date of Medicare Entitlement) (MM/YY)  
This field indicates the prospective Medicare Entitlement Data.
3. BUY-IN-EFF-DT (Effective Date) (MM/YY)  
This field indicates Effective month and year of current Part A Buy-In Status.
4. LAST-Part-A-CHG (Medicare Change Date) (MM/DD/YY)  
This field indicates the month and year in which Part A Buy-In activity most recently updated the MEDS record. Buy-In updates occur between the 19th and 25th of the month.

## MEDICARE PART A INFORMATION SEGMENT

### DEFINITIONS

#### 1. CUR-BUY-STATUS (Current Buy-In Status)

The following is a list of valid Part A Buy-In Status Codes with explanations:

<u>Valid Buy-In Status Codes</u>		<u>Code(s) Explanation</u>
a)	State Initiated Accretion 61	Used by the State to accrete an individual to the State's QMB Part A program. Expect response from HCFA within one month from the current date.
b)	State Controlled Accretions 1161, 1165	An accretion submitted by the State has been added to the QMB Part A program.
c)	State Initiated Deletions 51, 53	Used by the State to delete an individual from the State's QMB Part A program. Expect response from HCFA within one month from current date.
d)	State Controlled Deletions 1751, 1753	A deletion submitted by the State has been confirmed. QMB Part A payment has been discontinued.
e)	Federal Controlled Deletions 1400, 1500, 1600	HCFA informs the State that recipient was deleted from the QMB Part A program.
f)	Rejection (Accretion/Deletion) 2100, 2400, 2550, 2560	Notifies the State that the submitted QMB Part A Accretion/Deletion was rejected because of: <ul style="list-style-type: none"><li>o error(s), i.e. HIC number, effective date, etc.</li><li>o non-entitlement to Part A.</li></ul>

INQB

\*\* BUY-IN AND BENDEX INFORMATION \*\*

MEDS-ID

NAME

MEDS-CUR-MMY

===== MEDICARE PART "B" BUY-IN INFORMATION =====

HIC-NO

HIC-SOURCE

BUY-IN-ELIG-CD

CUR-BUY-IN-STATUS

BUY-IN-EFF-DT

LAST-PART-B-CHG

DOME-DT

===== MEDICARE PART "A" BUY-IN INFORMATION =====

1) CUR-BUY-IN-STATUS

3) BUY-IN-EFF-DT

4) LAST-PART-A-CHG

2) DOME-DT

===== BENDEX TITLE II INFORMATION =====

CLAIM-NO

LAST-BENDEX-CHG

INITIAL-ENTL-DATE

BENDEX-PAY-STATUS

COMMUNICATION-CODE MATCHED

OLD-BENEFIT-AMT \$

HI-ENTL-DATE

SMI-ENTL-DATE

CUR-BENEFIT-AMT \$

HI-TERM-DATE

SMI-TERM-DATE

DUAL-ENTL-IND

HI-OPTION-CD

SMI-CODE Y

PREMIUM-PAYOR

IN \_\_ ENTER QA,QF,QH,QM,QO,QP,QX,Q1,Q2,XC,XH,XM,XN \* ENTER KEY RETURNS TO LIST